

***To Age 65**

TWO TYPES OF GROUP LIFE INSURANCE WITH DOUBLE INDEMNITY, TRIPLE INDEMNITY AND DISMEMBERMENT BENEFITS ARE NOW OFFERED EMPLOYEES:

TYPE I — INSURANCE SCHEDULE
(INITIAL AMOUNT ISSUED)

Entry Age (Nearest Birthday)	Amount of Insurance Issued per Certificate (Unit)*	Entry Age Nearest Birthday	Amount of Insurance Issued per Certificate (Unit)*
24 incl.	\$2,022	43	1,128
25	1,968	44	1,092
26	1,908	45	1,056
27	1,854	46	1,020
28	1,800	47	990
29	1,746	48	960
30	1,692	49	924
31	1,644	50	900
32	1,596	51	858
33	1,548	52	828
34	1,500	53	786
35	1,452	54	750
36	1,410	55	714
37	1,368	56	684
38	1,326	57	654
39	1,284	58	624
40	1,242	59	594
41	1,200	60 (Maximum age)	570
42	1,164		

*Benefits reduce commencing on 66th birthday to the following:

66th birthday to 5/6 of initial amount
67th birthday to 2/3 of initial amount
68th birthday to 1/2 of initial amount
69th birthday to 1/3 of initial amount
70th birthday and thereafter to 1/6 of initial amount or
\$150 per unit, whichever is greater.

SPECIAL FEATURE—INSURANCE AND DUES ADJUSTMENT OPTION AT AGE 61: The Member may elect at age 61 to continue the Initial Amount of Insurance or a lesser amount in multiples of \$100 (minimum amount \$300) without the Double Indemnity, Triple Indemnity and Dismemberment benefits, subject to the payment of dues at an increased rate.

TYPE II — INSURANCE SCHEDULE

The full amount of insurance issued remains in force until death at any age.

Entry Age (Nearest Birthday)	Amount of Insurance Issued per Certificate (Unit)	Entry Age Nearest Birthday	Amount of Insurance Issued per Certificate (Unit)
To 24 Incl.	\$1,500	43	656
25	1,460	44	625
26	1,420	45	595
27	1,380	46	567
28	1,340	47	540
29	1,300	48	513
30	1,240	49	487
31	1,178	50	463
32	1,119	51	440
33	1,062	52	418
34	1,012	53	396
35	965	54	376
36	922	55	357
37	881	56	340
38	842	57	322
39	803	58	305
40	765	59	287
41	726	60 (Maximum age)	270
42	689		

TYPE I — Provides for a much larger initial amount to remain in full force until age 66. This amount then commences to reduce by 1/6th each year until at age 70 only 1/6th, or \$150, whichever is the greater, remains in force until death. This type is preferred by those who desire as much protection as possible for dependents in case of death of the insured in early or middle life. It is designed to provide maximum protection for those whose many responsibilities will have ceased prior to reaching age 66; such as,

A WIDOW WILL BE ENTITLED TO AN ANNUITY.

MINOR CHILDREN WILL HAVE BECOME SELF-SUPPORTING.

DEPENDENT PARENTS WILL PROBABLY HAVE PASSED ON.

THE HOME MORTGAGE OR OTHER OBLIGATIONS WILL HAVE BEEN LIQUIDATED.

NOTE: Of the 250 claims paid last year, 185 (three-fourths) were under 66 at date of death, and only 40 (one-sixth) were 70 or over.

PRESENT DUES SCHEDULE

For Benefits Provided in Type I Insurance Schedule:—

1 Unit.....\$1.50 per month
2 Units.....3.00 per month
3 Units.....4.50 per month

Dues Adjustment Option at Age 61:—
50c per month per \$100 of Insurance.

TYPE II — Provides for a smaller amount, all of which will remain in force until death at any age. It is preferred by those who:

DESIRE TO PROVIDE A FIXED AMOUNT FOR EXPENSES OF LAST ILLNESS AND BURIAL.

BELIEVE THIS SMALLER AMOUNT WILL BE ADEQUATE FOR PROTECTION OF DEPENDENTS IN CASE OF EARLY DEATH.

HAVE NO HOME MORTGAGE.

HAVE NO DEPENDENTS.

PRESENT DUES SCHEDULE

For Benefits Provided in Type II Insurance Schedule:—

1 Unit.....\$1.50 per month
2 Units.....3.00 per month
3 Units.....4.50 per month

ENTRANCE FEE of \$1.00 and not less than the first month's dues must accompany your application. No entrance fee required from present members when applying for additional insurance.

CONTINUATION OF INSURANCE—By continuing the required dues payments to the Association, you retain your insurance after retirement or separation from Government Service.

Both Types provide Accident Benefits as explained on the opposite page, continuing for life on Type I and terminating at age 65 on Type II — *Last year six members died as result of accidents.*

APPLICATION MAY BE MADE FOR ONE TO THREE UNITS OF EACH TYPE

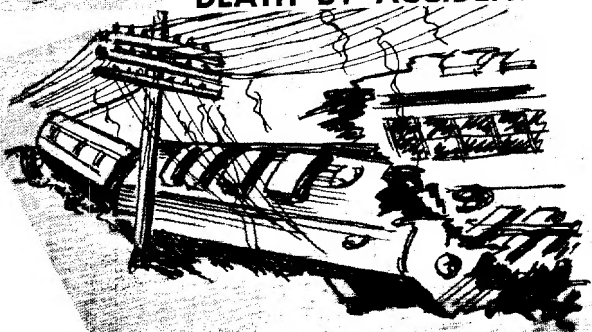
PROTECTION *that* PAYS 4 WAYS!



DEATH



DEATH BY ACCIDENT



DEATH BY COMMON CARRIER



LOSS OF LIMB BY ACCIDENT

All active civilian employees, commissioned officers and enlisted personnel whose duties are principally clerical or administrative of the following activities are eligible to apply for **GROUP LIFE INSURANCE PROTECTION** through membership in this Association:

OFFICE OF SECRETARY OF DEFENSE
DEPARTMENT OF THE ARMY
DEPARTMENT OF THE AIR FORCE
SELECTIVE SERVICE SYSTEM
ATOMIC ENERGY COMMISSION
THE PANAMA CANAL
INLAND WATERWAYS CORPORATION
(Department of Commerce)
PUBLIC BUILDINGS SERVICE
(Government Services Administration)

1. **DEATH BENEFIT**—From Natural Causes—Payment of amount of insurance in force at time of death to beneficiary immediately upon receipt of satisfactory proof of death by the Association's Underwriter.
2. **DOUBLE INDEMNITY**—For ordinary accidental death, double the amount of insurance in force at time of death.
3. **TRIPLE INDEMNITY**—For accidental death sustained as a result of the wrecking of a railway, street railway, elevated, or subway car, steamship, taxicab, bus, while a fare-paying passenger, the wrecking of a passenger elevator while a passenger, collapsing of outer walls of a building, lightning, cyclone, or tornado, or the burning of a church or school provided the member was an occupant at beginning of fire and was burned or suffocated from the conflagration, triple the amount of insurance in force at time of death.
4. **DISMEMBERMENT**—In event of accidental loss of both hands or both feet, or sight of both eyes, or one hand and one foot, or one hand and sight of one eye, or one foot and sight of one eye, the full amount of insurance in force at time of loss is payable. One-half the amount of insurance is payable in event of accidental loss of one hand, one foot, or sight of one eye. *Payment under Dismemberment will not affect the Death Benefit from natural causes.*

NOTE:—Because of present world-wide conditions, insurance now issued through this Association is subject to a War Risk and Aviation Exclusion Provision.

Rev. 8, 52

Are You **50 YEARS OF AGE?**

THROUGH MEMBERSHIP
IN THIS ASSOCIATION
\$6.00 PER MONTH WILL PROVIDE

\$2,726.00

OF LIFE INSURANCE
UNTIL YOU ATTAIN AGE 66

Plus ACCIDENTAL DEATH BENEFITS

Plus DISMEMBERMENT BENEFITS

Thereafter . . . slight decreases annually until
AGE 70

then

\$1,226.00

OF LIFE INSURANCE . . . for life

• • •

Combine **TYPES I and II**

TO SUIT YOUR BUDGET AND FAMILY NEEDS

Other Combinations At Any Age

All Benefits ARE EXPLAINED
IN THIS FOLDER.

PRESIDENT
SPENCER BURROUGHS, Director,
Defense Supply Service—Washington,
Office, Secretary of the Army

VICE PRESIDENT
WESLEY D. GRAY
Office, Air Adjutant General,
Hq. United States Air Force

SECRETARY-TREASURER
WALLA A. KENYON

CHARLES DeM. BARNES, Program
Review and Analysis Division,
Office, Comptroller of the Army

EVERETT L. BUTLER, Director, Defense
Telephone Service — Washington,
Office, Secretary of the Army

War Department Beneficial Association

WASHINGTON, D. C.

ORGANIZED APRIL, 1930

TO PROVIDE

Group Life Insurance

FOR EMPLOYEES

AT LOW COST

JOHN S. CALVERT, Chief,
Service Branch, G-2,
General Staff, United States Army

JOHN A. COLBORN
A. G. ECKHART, Chief Clerk,
Office, Quartermaster General
Department of the Army

G. DEWEY GARDNER, Chief,
Civilian Personnel Branch,
Adjutant General's Office

JAMES P. La CROIX, Deputy Engineer
Comptroller,
Office, Chief of Engineers

JOHN E. MOORE,
Director of Personnel,
Office, Secretary of Defense

JOHN A. WATTS,
Director of Civilian Personnel,
Department of the Air Force

What BENEFICIARIES tell us . . .

*Excerpts from a few of the unsolicited
letters received last year.*

"I have received your check in full settlement of all claims on the life of my husband. Please use my name as reference at any time you may wish to do so. If ever I can be of service by recommending your Association to a prospective member, you may rest assured that I will do so."

"Thank you so much for the prompt settlement of the insurance issued to my husband in 1930. At the time he took out the insurance my husband felt it was cheap protection for me in case something should happen to him while the children were small. Now the children are all gone except the youngest, eighteen, who just entered college, but the money is still a Godsend and we are very grateful to you for paying it in full."

"My thanks for the check in payment of my husband's death claim. I received the check this morning and I believe this was the quickest claim paid I have ever heard of. I never have had the experience of collecting a death claim before, but sometimes I've heard of from three to four weeks waiting period. Again I say thanks for the children and I, as we need it."

"I would like to thank you for the very prompt and courteous way in which you have paid this insurance. My husband also carried a \$1000 policy with a local company, thinking it would take care of immediate expenses, which it did, but your service was more considerate and much less bother. Thanking you for both my husband (could he know) and myself."

"This will acknowledge receipt of check in the amount of \$3000. Accept my thanks and the thanks of the Administratrix for your very prompt and efficient handling of this claim."

"Your letter with check enclosed has reached me. I wish to thank you and the insurance company for such prompt service, and courtesies shown me at this time."

"I received the check for insurance of my husband, and wish to thank you for prompt settlement. All of these things help at the time of passing of one near to you."

"The two checks arrived today and I want to thank you very much for them. The settlement of the death claim was very prompt and you are to be congratulated for your service."

"This is to acknowledge receipt of check in the amount of \$2000 covering payment of death benefits to my husband. Please accept my sincere thanks for your prompt settlement of this claim."

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"Thank you for the check for \$1000 payable to my husband. I appreciate the promptness of this settlement."

About the Association

This non-profit Association was organized by employees of the War Department for their mutual benefit and protection in securing group life insurance through collective effort at reasonable cost. The operations of the Association are now directed by employees of the Office of Secretary of Defense, Department of the Army, and Department of the Air Force. Total costs of operation have always averaged less than six per cent of dues income. Through growth it has been possible during the years to continually be of assistance to more employees and their dependents. There is every reason to believe this assistance will continue to enlarge during future years. Totals and yearly averages are as follows:

Years	Claims Paid	Yearly Average
1931-1935.....	\$ 330,750	\$ 66,150
1936-1940.....	627,753	125,551
1941-1945.....	1,019,226	203,845
1946-1950.....	1,454,959	290,992
1951-1952.....	725,651	362,826
	<u>\$ 4,158,339</u>	

After twenty-two years of operation, the condition of the Association on 31 March 1952, and attained results, are summarized as follows:

		Increase during year
Number of members.....	24,461	100
Number of Certificate of Insurance in force.....	48,798	93
Number of death claims paid.....	3,093	250
Total amount of insurance in force.....	\$40,433,168	\$757,692
Amount of claims paid.....	4,158,339	366,161
Amount of Dues Contingency Fund.....	2,092,389	232,366

250 death claims were paid during the past year. The youngest member at death was 29 and the two oldest were 80 years of age. The following is a summary of the various ages at death:

	Number of Deaths	Percentage of Claims Paid
Under 50 years of age.....	41	16%
From 50 to 59 years of age.....	89	36%
From 60 to 69 years of age.....	55	22%
From 66 to 69 years of age.....	25	10%
From 70 to 80 years of age.....	40	16%
Total death claims paid last year.....	250	100%

It is interesting to note that 130, or over one-half, died while under 60 years of age; 185, or three-fourths, were under 66; and only 40, or one-sixth, were 70 or over. This experience is about the same as in previous years.

The Dues Contingency Fund is invested in United States Government bonds and other sound securities and in first mortgage trusts on properties in the metropolitan area of Washington. This fund is administered for the Association by the Trust Department of one of the large conservative banks in Washington, D. C.

The Association now offers to active employees two types of Group Life Insurance with Double Indemnity, Triple Indemnity, and Dismemberment Benefits. The group policies are issued in accordance with the insurance statutes of the District of Columbia and the right of renewal is vested in the Association. The insurance is underwritten by a legal reserve life insurance company with a recommended rating attested by Alfred M. Best Co., Inc., New York City, recognized insurance rating authorities.

INSURANCE IN FORCE: NEARLY 41 MILLIONS

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CLAIMS PAID: MORE THAN 4 MILLIONS

APPLICATION FOR MEMBERSHIP

(IMPORTANT - This form may be used by present members who wish to apply for additional units)

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File at Once with the
COLLECTOR FOR YOUR OFFICE
or mail to
W. A. KENYON, Secretary-Treasurer
1615 Juniper Street, N. W.
Washington 12, D. C.

HOME OFFICE USE ONLY	
Effective: _____	
400G No. _____	402G No. _____
No. A _____	No. A _____
No. B _____	No. B _____

I hereby apply for membership in the War Department Beneficial Association, attach check, cash, or money order in the amount of \$ _____, and agree that said Association may apply for group life insurance on my life as follows: Type I _____ units and/or Type II _____ units. (State the number of units of each Type desired). If I am accepted, \$1.00 is to be applied as entrance fee and the balance as dues. I agree to pay the required dues for the benefits granted me as a member of this Association without further notice on the 15th day of each succeeding month and I will abide by the Constitution and By-laws of the Association.

Name (Print) _____
(First Name) (Middle Name) (Last Name)
Date of Birth _____ Sex _____ Race _____
(Month, Day and Year) (Failure to correctly state date of birth will delay settlement of claim) (White or Colored)
My mailing address is _____
(Street) (City) (Zone) (State)
I am actively employed in _____ as _____ at _____
(Bureau, Division or Office) (Occupation) (Town or City)

IMPORTANT: Answer all questions. Do not use ditto marks. Give specific answers.

	Yes or No ↓		Yes or No ↓
1. Date of birth		3. Present occupation (Describe briefly on reverse side)	
2. Have you ever had or been treated for		4. Have you ever had a surgical operation?	
(a) Anemia, tumor, cancer, goiter, or diabetes?		5. Have you had any X-ray studies or electrocardiograms?	
(b) Syphilis, apoplexy, epilepsy, or any disease of brain or nervous system?		6. Have you consulted a physician in the past year?	
(c) Heart disease, high blood pressure, rheumatic fever, arthritis, blood disorder, or pains in chest?		7. Have you ever resided with any one who had tuberculosis?	
(d) Any physical deformity?		8. Have you ever received a pension or disability benefit from any source?	
(e) Asthma, chronic cough, tuberculosis, pleurisy, or any disease of lungs?		FEMALE APPLICANTS ANSWER No. 9.	
(f) Gall bladder disease, ulcer, or any disease of digestive tract?		9. Have you ever had tumor or disease of breast, womb, or ovaries, or any other pelvic disorder?	
(g) Disorder of kidneys, bladder, or prostate, or albumin, sugar, or blood in urine?		10. Give your exact height without shoes _____ ft _____ ins.	
(h) Any diseases or injuries of eyes or ears?		11. Give your exact weight on this date _____ lbs.	
		12. Has your weight changed in the past two years?	
		If so: (a) Loss _____ lbs. (b) Gain _____ lbs.	
		(c) Cause _____	

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES" GIVE DETAILS ON REVERSE SIDE

13. To the best of your knowledge and belief, are you now in sound health? _____ (Answer Yes or No)

I hereby declare that I have carefully read each and all of the above questions and that the answer to each of them is full, complete and true, and I agree that they, together with any additional information or medical examination which may be requested by the Underwriting Company, shall be taken as the basis for issuance of my insurance. I also understand and agree that any insurance issued in connection with this application may be cancelled within a period of two years from its effective date, and all dues refunded, if it is found that any one or more of the above answers are not true statements of fact.

I hereby waive for myself and my beneficiaries any provision or rule of law preventing any physician, surgeon, practitioner, nurse, hospital official or employee, including those above named, from disclosing or testifying as to any information heretofore or hereafter acquired in a professional capacity.

In consideration of the amounts paid and to be paid, I agree that if this application is accepted, an individual group life insurance certificate or certificates will be issued subject to the terms and conditions of the Group Life Policy, or Policies, and amendments thereto, issued to the Association on the one year renewable term plan. I further agree that my insurance will become effective as of the date of the certificate or certificates issued to me, as a member of the Association, by the Insurance Company underwriting the Group Life Policy, or Policies, and then only provided I am an active employee of the United States Government and in good health on such date.

Home Office Use Only

Dated _____
(Month, Day, Year) (Signature of applicant)

(Address) (Type or print your full name)

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G. I. I. 400G-402G-8/52-100M

BENEFICIARY DESIGNATION

I designate as Beneficiary.....
(First Name) (Initial) (Last Name)
(Not Mrs. John M. Doe but Mary L. Doe)

Is beneficiary 21 years of age or over?..... (If under 21, give date of birth.....)

Relationship of Beneficiary to Applicant.....

Dated at..... the..... day of..... 19.....
(City) (State)

Beneficiary may be changed upon written request. Forms for the purpose will be furnished by the War Department Beneficial Association.

.....
SIGNATURE OF APPLICANT

ADDITIONAL MEDICAL HISTORY

